SCC eFile	2014 ANNUAL R COMMONWEALTH OI STATE CORPORATION	F VIRGINIA	21	4530059	
1.) CORPORATION NAME:		DU	JE DATE:	6/30/2014	
PARAMETRIC TECHNOLOG 2.) VA REGISTERED AGENT NA CT CORPORATION SYSTEM	ME AND OFFICE ADDRESS:	SC	SCC ID NO: F1207473		
4701 COX ROAD, SUITE 285		5.)	STOCK II	NFORMATION	
GLEN ALLEN, VA			ASS	AUTHORIZED	
3.) CITY OR COUNTY OF VA RE HENRICO COUNTY	GISTERED OFFICE:	1	MMON EFER	5,000,000	
4.) STATE OR COUNTRY OF INC MA	CORPORATION:				
6.) PRINCIPAL OFFICE ADDRES	S:				
ADDRESS: 140 KENDRICK STREET					
CITY/ST/ZIP: NEEDHAM, MA 02494					
7.) DIRECTORS AND PRINCIPAL	OFFICERS: All directors may be desi	and principal office gnated as both a	ers must b director an	e listed. An individual d an officer.	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E HEPPELMANN PRESIDENT 140 KENDRICK ST NEEDHAM, MA 02494	X OFFICER		DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON C VON STAATS SECRETARY 140 KENDRICK ST NEEDHAM, MA 02494	X OFFICER		DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN G BOUCHARD TREASURER 140 KENDRICK ST NEEDHAM, MA 02494	X OFFICER		DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD K. GRIERSON DIRECTOR 140 KENDRICK ST NEEDHAM, MA 02494	OFFICER		X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E PORTER DIRECTOR 140 KENDRICK ST NEEDHAM, MA 02494	OFFICER		x DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas F. Bogan DIRECTOR 140 Kendrick Street Needham, MA 02494	OFFICER		x DIRECTOR	

Needham, MA 02494

		OFFICER	X DIRECTOR		
NAME:	Janice D. Chaffin				
TITLE:	DIRECTOR				
ADDRESS:	140 Kendrick Street				
CITY/ST/ZIP/CC	D: Needham, MA 02494				
		OFFICER	X DIRECTOR		
NAME:	Paul A. Lacy				
TITLE:	DIRECTOR				
ADDRESS:	140 Kendrick Street				
CITY/ST/ZIP/CC	D: Needham, MA 02494				
		OFFICER	χ DIRECTOR		
NAME:	Robert P. Schechter				
TITLE:	DIRECTOR				
ADDRESS:	140 Kendrick Street				
CITY/ST/ZIP/CC	D: Needham, MA 02494				
		OFFICER	X DIRECTOR		
NAME:	Renato Zambonini				
TITLE:	DIRECTOR				
ADDRESS:	140 Kendrick Street				
CITY/ST/ZIP/CC	D: Needham, MA 02494				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ AARON C VON STAATS	OF OR FTARY	AAIS,	6/11/2014		
SIGNATURE OF DIRECTOR/O	JITIOLIK <u>========</u>	ND CODDODATE	DATE		
LISTED IN THIS REPOR	RT PRINTED NAME A TITI				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material					
respect with the intent that the document be delivered to the Commission for filing.					